GShr

Maine Revenue Services
Gasoline Distributor
Annual Shrinkage Allowance Computation

0312200

Registration No.	Period Begin	Period End	Due Date

1. Entity Information

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Schedules A and B on reverse side must be completed.

Total Receipts - Box "A" from Sch. A   1. ☐☐☐ , ☐☐☐ , ☐☐☐   x .005   1a. ☐ , ☐☐☐ , ☐☐☐

Total Transfers - Box "D" from Sch. B   2. ☐☐☐ , ☐☐☐ , ☐☐☐   x .005   2a. ☐ , ☐☐☐ , ☐☐☐

Shrinkage per Receipts and Transfers   Total lines 1a + 2a   3. ☐ , ☐☐☐ , ☐☐

Maximum Shrinkage Allowance   Line 1 x .01   4. ☐ , ☐☐☐ , ☐☐

Total Allowable Shrinkage   Enter lesser of line 3 or line 4   5. ☐ , ☐☐☐ , ☐☐

Actual Net Shrinkage - Box "B" minus Box "C" from Sch. A   Cannot be less than zero   6. ☐ , ☐☐☐ , ☐☐

Unaccounted Fuel   Line 6 minus Line 5   7. ☐ , ☐☐☐ , ☐☐☐

If line 7 is zero or less than zero, enter zero, sign the return and mail to Maine Revenue Service.

Additional Excise Tax Due   Line 7 x $ .246   8. ☐ , ☐☐☐ , ☐☐☐ . ☐☐

Mail To:
Maine Revenue Service
P.O. Box 1064
Augusta, ME 04332-1064

_____   _____   _____   _____
Signature   Title   Date   Phone #

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Sch. A - Receipts	Beginning Inventory	Receipts	Total Available Gallons	Ending Inventory	Total Accountable Gallons	Total Gallons Sold/Used	Gain/ (Shrinkage)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			(Col 1 plus Col 2)		(Col 3 minus Col 4)		(Col 6 minus Col 5)
Jan							
Feb							
Mar							
Apr							
May							
June							
July							
Aug							
Sept							
Oct							
Nov							
Dec							
	(A)				(B)	(C)	
Totals							

To Line 1 on front

If Box "C" is greater than or equal to Box "B", there is no shrinkage allowance to compute. Bring zero forward to line 6 on reverse side.

If Box "B" is greater than Box "C", subtract Box "C" from Box "B" and enter that amount on line 6 on reverse side.

Sch B - Transfers (Gallons)	Vessels (1)	Tank Cars (2)	Full Tank Truck (3)	Total Transfers (4)
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				
			(D)	To Line 2 on front

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